

# New Heights, LLC

*Living Sober, Living Free*

3980 5<sup>th</sup> St NE, Columbia Heights, MN 55421 | 763-781-5792 | 612-423-8442

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Current Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of most recent treatment center, institution or facility (if applicable):  
\_\_\_\_\_

Have you completed a release of information with the above facility?  Yes  No

## **Financial Information:**

Are you able to pay program fees/rent?  Yes  No

How will you pay program fees?  Self  Family/Friends  Other

Are you currently employed?  Yes  No

Are you capable of working or volunteering a minimum of 20 hours per week?  Yes  No

## **Chemical Use History/Legal Involvement:**

Sober Date: \_\_\_/\_\_\_/\_\_\_ Drug of Choice: \_\_\_\_\_ Can you pass a drug test today?  Yes  No

List drugs used/abused in past year: \_\_\_\_\_

Number of lifetime DWIs: \_\_\_ Number of lifetime possessions: \_\_\_ Number of lifetime assaults: \_\_\_

Legal status (check all that apply):  Probation  Parole  Pre-Trial  None

State & County: \_\_\_\_\_ Parole/Probation Officer Name/Phone: \_\_\_\_\_

Have you been convicted of arson?  Yes  No Criminal sexual conduct convictions?  Yes  No

## **Physical and Mental Health:**

Are you under the care of the following medical professionals? (Check all that apply)

Physician  Psychiatrist  Psychologist/Therapist  None

Please provide name(s) and phone number(s): \_\_\_\_\_

Psychiatric Diagnosis: \_\_\_\_\_ Planned/attempted suicide?  Planned  Attempted

Prescribed medications: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reference:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_